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Diana Ogles	(Depositor's name)
	(Signature)
November 15, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/015,455	12/13/2001	Michelle R. Faves	E059 1010	4578

TITLE OF INVENTION: MOTION THERAPY DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	12/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEMILLE, DANTON D	3764	601 023000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1. Womble Carlyle
 2. Sandridge & Rice, PLLC
 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Issue Fee \$685
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 A check in the amount of the fee(s) is enclosed. \$1,015 Total
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0528 (enclose an extra copy of this form).

5. Change In Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Date 11/15/04

Typed or printed name John J. Timar

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